

TRANSMITTAL FORM

DOCKET NO.: CS22395RL

	Application Number	10/814,366	
	Filing Date	03/31/2004	
	First Named Inventor	Shipshock, Michael D.	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in this Submission	17	Attorney Docket Number	CS22395RL

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> PTO/SB/08A <input checked="" type="checkbox"/> PCT Search Report <input checked="" type="checkbox"/> Letter to Draftsperson
Remarks		

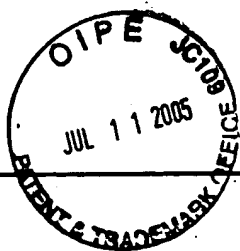
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Hisashi D. Watanabe	Registration No.	37,465
Signature			
Date	07/07/05		

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Jennifer Magness
Signature	
Date	07/07/2005



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**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**0.00****Complete if Known**

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METHOD OF PAYMENT (check all that apply)**FEE CALCULATION (continued)**

Check	<input type="checkbox"/>	Credit card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Other	<input type="checkbox"/>	None	<input type="checkbox"/>
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4. ADDITIONAL FEES☒ Deposit Account:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type

	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXTRA CLAIM FEES

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple Dependent Claims

Fees (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50	=				
HP = highest number of total claims paid for, if greater than 3						
360						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 200	=	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	x 250	=

SUBMITTED BY

Name (Print/Type) Hisashi D. Watanabe

Signature

Registration No. 37,465 Telephone 847-523-2322

Date

07/07/05



UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) Shipshock, Michael D. GROUP ART UNIT:
APPLN. NO.: 10/814,366 EXAMINER:
FILED: 03/31/2004 DOCKET NO. CS22395RL
TITLE: USER CONFIGURABLE PRE-ACTIVATED GPRS PDP CONTEXT
HANDLING FOR IMPROVED ACTIVATION TIME

TRANSMITTAL OF FORMAL DRAWINGS

Commissioner for Patents
Alexandria, VA 22313-1450

ATTN: OFFICIAL DRAFTSPERSON

SIR:

Enclosed are six (6) sheets of formal drawings, sheets 1/6 through 6/6, FIGS. 1 through 6 for the above-identified application.

Respectfully submitted,
Shipshock, Michael D.

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MOTOROLA, INC.
Customer Number: 20280